

GRAFTON BASKETBALL

MEDICAL RELEASE & AUTHORIZATION FORM

SECTION 1: PLAYER INFORMATION

Player Name: _____ Current Grade: 3 / 4 / 5 / 6 / 7 / 8
Date of Birth: _____ Gender: M F (circle)
School: _____ Phone: _____

SECTION 2: RELEASE & MEDICAL INFORMATION

Parent/Guardian Name (Printed): _____
Relationship to Player: _____
Email: _____
Address: _____
City: _____ Zip: _____
Home Phone Number: _____ Cell #: _____

State any known medical condition(s) which may affect player's ability to participate:

The undersigned states that he/she is parent/legal guardian of the player listed in Section 1 above. In consideration for my child being registered in the Grafton Basketball Program, I do hereby agree to indemnify and hold harmless from any and all claims or expenses, including all medical or legal expenses, against the Grafton Basketball Program, Grafton School District, and its advisors, coaches, agents, or employees of and from all liability for negligence causing any injuries or damages to me or my child, as a result of his/her participation in the Grafton Basketball Program (including any injuries or damages arising from tournaments/shootouts, games, practices, open gyms, clinics, leagues and camps. I understand that there are risks involved with basketball, which is a contact sport, and that my child may sustain injury while participating. I hereby declare that the information I have provided is true and accurate to the best of my knowledge. I have disclosed any or all medical or physical conditions which would affect my child's ability to participate in basketball. I do hereby authorize the Grafton Basketball Program to secure emergency care, if necessary, for my child. I understand this agreement is binding on me, my child, my heirs, and assigns, to the extent permitted by law.

Parent or Legal Guardian's Signature: _____

Date: ____ / ____ / ____

Additional Emergency Contact Information

Name: _____
Phone : _____
Relationship to player: _____